December 2, 2011

INFORMATION AND DATA REQUEST

PREPARED FOR:

THE COUNTY OF MONO
452 Old Mammoth Road
Sierra Center Mall, 3rd Floor
Mammoth Lakes, CA 93546

FITCH
& ASSOCIATES

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Information and Data Request

Table of Contents

DESCRIPTION OF PRE-HOSPITAL MEDICAL TRANSPORTATION SYSTEM

A. SERVICE AREA DESCRIPTION

1. How many square miles is the primary service area?

2. What is the population of the primary service area?

3. Describe the make-up of your service area (e.g. rural, suburban, metropolitan, urban, or a combination).

4. Attach a highway map of the area that clearly shows the base of operations, ambulance posts, and ambulance districts (if utilized), hospitals, primary nursing homes or other clients and the boundaries of the primary service area.

B. GOVERNMENTAL RELATIONS

1. Provide a copy of any local ordinances and regulations governing or licensing ambulance services.

2. Provide a copy of the state legislation, rules, and regulations governing ambulance services.

3. Describe the service's relationships with local governments.

4. Describe the process by which the rates or increases are approved.

C. ACCREDITATION

If accredited by the Commission on Accreditation of Ambulance Services (CAAS) or other accrediting body, please include;

1. Program Application or Program Information Form (PIF).

2. All correspondence from the accrediting body.

OPERATIONS

A. ACTIVITY LEVEL

1. How does your service primarily classify ambulance assignments? (e.g. emergency, and non-emergency, ALS and BLS, etc.) In what configuration do you staff each? (e.g. EMT/EMT, EMT/EMT-P)

2. Please complete the following information about call volumes. (If year is other than calendar, please indicate.)

REQUEST	2009	2010	Year to Date
Total Number of Responses			
Total Number of Transports			
Number of Emergency ALS-1 Transports			
Number of Emergency BLS Transports			
Number of Emergency ALS-2 Transports			
Total Number of Non-emergency Transports			
Number of Non-emergency BLS Transports			
Number of Non-emergency ALS-1 Transports			
Number of Specialty Care Transports			
Other			

If any calls are entered into the "other" column, please describe.

5. Is detailed response transport data available by district/zone, unit, and time of day? If yes, attach a sample report or describe briefly.

6. Describe any special geographic, environmental, population centers, or special events, which make providing emergency responses difficult.

7. What factors affect service demand levels?

8. Are there seasonal patterns and shifts in established patterns?

9. Describe the service's increase or decrease in annual volume over the past five years. What factors impacted these volume changes?

B. RESPONSE TIMES

1. When measuring response times, when does the clock start and stop?

START	Call receipt/Primary PSAP
	First keystroke primary PSAP
	Call receipt /Secondary PSAP
	First keystroke/Secondary PSAP
	Condition & location known/Secondary PSAP
	Call assigned to an ambulance
	Ambulance responding
	Other, please explain

STOP	Any emergency services unit (e.g. fire engine) arrives on scene
	Any ALS asset arrives on scene (e.g. supervisor)
	An ALS transport unit arrives on scene
	An ALS transport unit arrives at the patient's side
	Other, please explain

2. Do you measure averages or fractiles?

3. What is the schedule or frequency of the reviewing of response time performance?

4. Provide copies of any reports, which are prepared to monitor response times.

5. What were your service's response times last month for:

    a) Life-threatening emergencies?

    b) Non-life threatening emergencies?

    c) Non-emergencies?

    d) Scheduled transports?

6. Are there penalties for failing to meet response time compliance (please explain)?

7. Has there been a trend toward improvement or worsening of response times (please describe)?

8. What are the most common causes for delays in response times?

9. What process does the organization utilize to improve response time performance?

C. DISPATCH

10. Does the entire service area have access through a single designated emergency number (e.g., 911 or 7-digit)?

11. Who provides 911 and non-emergent (i.e., non-911/7-digit) call taking and dispatch?

12. If there is a primary and secondary PSAP(s), how would you describe coordination between PSAPs?

13. Do trained and certified emergency medical dispatchers answer emergency medical calls?

14. Do communications personnel perform protocol-based dispatching through a structured interrogation process?

15. Do communications personnel provide pre-arrival instructions through a structured process?

16. Does a trained medical director supervise the communication center?

17. Do you conduct regular case review? If so, how often?

18. If you conduct case review,

    e) How are cases selected?

    f) What is the minimum number per month?

    g) What special case review practices exist (e.g., customer complaint)

19. Include copies of the standard case review protocol or form and most recent report on case evaluation compliance?

20. How are units dispatched for 9-1-1 calls (e.g., direct dispatch of unit by 9-1-1 dispatchers, the service is notified to dispatch its own units, or other means)?

21. Does the service have access to enhanced 9-1-1 information (i.e., direct display of call back number and address)? Please describe.

22. How are crews alerted for calls (i.e. individual pagers, telephone, etc.)?

23. How is the need for first response determined and how are they notified and dispatched?

24. How is the dispatch center staffed (i.e., number of people by hour of day)?

25. What level of certification is required of the dispatch staff (e.g. paramedic, EMT, EMD, other)?

26. Does the 9-1-1 center have computer aided dispatch capability? If so, describe.

27. Does the EMS radio system allow for interoperability between system responders (e.g., EMS, fire, law enforcement)? Please describe.

28. Attach a complete description of dispatch center equipment and communications equipment carried on the ambulances.

D. DEPLOYMENT AND PRODUCTION CAPACITY

1. Are your personnel assigned regular shifts to cover?

2. How is shift scheduling determined (e.g., seniority shift bid)?

3. Attach current schedule and describe patterns and average hours worked per employee per week.

4. How often are schedules changed?

5. Do you have an on call schedule for your personnel?

6. What functions do the on call personnel fulfill?

7. Describe the process in place to manage unscheduled sick call or injury?

8. Are crews based at a specific location or do they "cruise" specified areas? (Enclose a copy of any deployment plan that you utilize.)

9. Are vehicles dedicated to one location or are they moved throughout the day?

10. Does your service utilize fixed posts or stations? How many? (If so, note on the map the location of posts.)

11. Are there non-transport (quick response) hours? If so, how many per week?

12. How many unit hours are utilized each week? (1 unit hour = 1 unit staffed for one hour)

13. How are the unit hours distributed throughout the day? Please complete the graphs in Attachment 1 for each day of a typical week.

14. What is the average cost per unit hour? (See worksheet - Attachment 2)

15. Do you feel that your service has excess unit hour capacity? Why?

16. Who responds to calls if the service's units are unavailable? How frequently does this occur?

17. Do written mutual aid agreements exist? (Attach copy of all mutual aid agreement(s).)

18. Is there a process to resolve EMS crew delays caused by the receiving facility or unit? (e.g. Emergency Department patient handover delays).

19. Is hospital diversion an issue? If so, please provide details including any relevant policies or procedures for diversion.

E. MEDICAL CONTROL

1. Is there a designated Medical Director/Advisor for the service?
   Provide name, affiliations, address, and telephone numbers.

2. Provide a copy of the medical director's job description (contract) and salary or describe his or her duties and responsibilities including number of hours per week dedicated to your EMS service.

3. Please indicate the qualifications possessed by your service's medical director:

    a) Licensed to Practice Medicine:
       YES   NO

    b) Familiar with local/regional EMS Activity:
       YES   NO

    c) Board certified in Emergency Medicine:
       YES   NO

    d) Actively clinically practicing in Emergency Medicine:
       YES   NO

    e) Completed an EMS fellowship (post-residency):
       YES   NO

    f) Training or significant experience in the practice of out-of-hospital medicine:
       YES   NO

    g) Training or significant experience in the provision of direct (on-line) and
       indirect (off-line) medical direction:
       YES   NO

    h) Training or significant out-of-hospital experience in utilization of emergency
       patient care equipment, the spectrum of out-of-hospital skills (BLS & ALS), and
       communication Systems:
       YES   NO

    i) Completed National Association of EMS Physicians Medical Director's Course or
       its equivalent:
       YES   NO

4. Is the service's medical director the medical director for all communications, first
   response, and transport providers in the EMS system? Please describe.

5. <u>Circle the letter</u> indicating each function he or she performs. Using a 1-5 scale (5 high) rate his/her involvement in each area.

   a) Administrative consultation _____

   b) Training Advisor/Coordinator _____

   c) Primary Trainer/Instructor _____

   d) Routine incident report _____

   e) Regularly reviews tapes/conducts critiques _____

   f) Counsels crew members on poor judgment _____

   g) Has authority to discipline/suspend personnel _____

   h) Reviews system performance data _____

6. Are there written guidelines or protocols for field personnel in ALS situations? Please attach.

7. Are there written guidelines or protocols for field personnel in BLS situations? Please attach.

8. Are there written guidelines or protocols for physicians and/or nurses at the radio control point (base hospital or medical control hospital)? Please attach.

9. Are regular meetings held between service management and the officials of the receiving institutions? Please describe.

10. Typically, how does a nurse or physician at a receiving institution deal with what they feel is an inappropriate judgment by a crew?

11. Attach a completed sample of the written patient care or trip report (delete patient identification).

12. Who is in charge of the service's internal clinical quality assurance functions?

13. Describe in detail the quality assurance activities and provide any written policies or procedures. Please address both internal and external quality assurance programs.

14. What events or call types receive 100% or mandatory quality assurance review (e.g. pharmaceutical assisted intubation)?

15. Please list all of the regularly monitored clinical performance measures.

16. Please indicate if you track any of the following clinical measures: (If "yes" please list numerical index)

   a) In cases were defibrillation is indicated, average time from system contact to first shock.
      YES   NO

   b) Percentage of patients meeting trauma criteria are transported to a trauma center.
      YES   NO

   c) Percentage of patients complaining of pain report decrease in the level of pain upon delivery to the emergency department.
      YES   NO

d) Percentage of suspected acute coronary syndrome patients received a 12-lead ECG.
YES   NO

e) Percentage of suspected acute coronary syndrome patients received aspirin.
YES   NO

f) Percentage of patients with suspected ST elevation myocardial infarctions that were transported to a hospital with emergency cardiac catheterization capabilities.
YES   NO

g) Percentage of eligible patients who received oxygen.
YES   NO

h) Percentage of unintended esophageal intubations.
YES   NO

i) Utstein Cardiac Arrest Survival Rates.
YES   NO

17. Attach copies of clinical performance measure definitions and the most recent reports.

F. EQUIPMENT

1. How many ambulances does your service have?

2. Attach a list of <u>vehicles</u> and major equipment showing cost, age, mileage, condition, use, and scheduled replacement.

3. Does the service have a preventative maintenance program? Describe.

4. Does the service have in-house mechanical support? Describe.

5. What criteria do you utilize to determine unit-operating costs?

6. What is the average maintenance cost per vehicle each month?

7. What are the average total fleet miles per month?

8. What is the average cost of vehicle operation per mile?

9. What expenses are included in the above calculation (#8)?

10. Describe any major accidents resulting in property damage, injury, or death in the last five years.

11. What is your rate of vehicle failure per 100,000 fleet miles?

12. What is your rate of vehicle collisions per 100,000 miles

G. PURCHASING & INVENTORIES

1. Who is responsible for the purchasing of medical supplies? Medical equipment? Major assets?

2. What is the company's policy on carrying inventories of regularly used materials or supplies?

3. Describe your supply process and how units receive and replace supplies.

4. Briefly describe the procurement procedures that are followed (i.e. authorized requisitions, purchase orders, receiving and supplier payment). Provide copies of the forms utilized.

5. Are any medical supplies or pharmaceuticals exchanged with hospitals? If so, describe items and process.

6. What is the total dollar value of medical supply inventories?

7. How are medical supplies on units and in storage areas accounted for?

8. What methods are used to account for drugs and medications? Describe.

H. INTERAGENCY COORDINATION

1. Does your service interact with first responders from other public safety agencies? If so, describe.

2. List all first responder agencies in the response area?

3. What is the level of training for first responders (e.g., first responder, EMT, ALS)?
4. Are first responders part of a coordinated response system & medically supervised by a single system medical director?

5. What are the response time expectations for first responder agencies? Are they externally monitored?

6. Are all primary first response units equipped with: AEDs? Oxygen? Epi-Pens?

7. What types of joint training activities occur, if any, between your service and other agencies?

8. Is there a system-wide disaster plan in place?

9. How frequently are disaster drills conducted?

HUMAN RESOURCES

I. PERSONNEL

1. Provide a list of employees by position including, certification level, years with service, full or part-time status, and approximate annual wage or salary cost of each.

2. What percentage of total wages are benefits? Describe benefits.

3. Comment, describe, or show where in other documents or attachments, information on the following items may be found:

    a) Employment, recruiting, and personnel policies and procedures

    b) Accident frequency and safety record

    c) Workers compensation claims

    d) Medical problems and sick leave frequency

    e) On-call scheduling and pay rates

f) Wage and salary administration policies

g) Any unfilled positions

4. Describe the trend over the past three years in these elements of the organization: (separate pages will be required)

   a) Absenteeism, accidents, grievances, and overtime

   b) Staff and management turnover

5. Are personnel affiliated with a labor organization? If so, which one? Please attach agreement.

6. Are any formal charges pending before federal/state labor agencies?

J.   TRAINING

1. What are the training requirements for each position by the organization?

2. Is this training required before employment, on the job?

3. What is the number of EMT training hours required for licensure? Who trains?

4. Is there an intermediate level of licensure? (i.e. EMT-I, cardiac tech) What is the number of hours required for licensure? Who trains?

5. What is the number of EMT-paramedic training hours required for licensure? Who trains?

6. Who trains most of the organization's personnel? (college, hospital, etc.)

7. What type of pre-employment screening is utilized for prospective employees?

8. Describe any formal or informal job orientation program utilized.

9. Who is responsible for the in-house continuing education and training?

10. How are employees compensated for continuing education?

11. Describe any in-service training done by or required by the service or regulatory agency.

12. Are formal training records maintained? If so, attach a sample.

   a) Do you have a required number of CEU's? Do you track compliance?

   b) Do you track skills? (e.g. intubations, IV starts).

   c) Have you conducted National Incident Management System (NIMS) training and/or fully compliant with the NIMS Implementation?

ORGANIZATIONAL STRUCTURE AND MANAGEMENT

K. ORGANIZATION

1. Attach or describe the formal <u>and informal</u> organizational charts. Describe the informal reporting relationships, which do not directly conform to the formal organizational chart.

L. MANAGEMENT

1. In a short paragraph describe each of the key management functions, the names of persons in those positions, accredited degrees they have earned, management training attended, and length of time in the position.

2. Have there been any recent losses of management personnel? Why?

3. How many employees resigned voluntarily last year? How many were fired? Briefly describe the reasons for the resignations/terminations. How does this compare with the five year trend?

FINANCIAL CONSIDERATIONS

M. FINANCE AND ACCOUNTING

QUESTIONS 1 - 14 MAY NEED TO BE ANSWERED BY THE FINANCE AND BILLING DEPARTMENTS.

1. Who functions as the Chief Financial Officer for the service?

2. What is the service's fiscal year?

3. Send copies of:

    a) Financial statements for the past three years

    b) The most recent financial reports

    c) A chart of accounts (if different from the financial statements) and a brief explanation of accounting practices.

4. Enclose a copy of the organization's detailed budget for this year and last year.

5. Describe the insurance the service has in effect in terms of type, extent of coverage, and deductibles.

6. Are there any charges pending against the organization by any federal or state agency?

7. Are there any civil proceedings or lawsuits pending or anticipated?

8. Is the organization in compliance with environmental, equal opportunity employment, and OSHA requirements?

9. Does your organization offer a subscription or membership program? If so please detail program including costs, revenues, number of members, etc.

N. BILLING AND COLLECTION

1. Comment on any <u>trends</u> in revenues including net income versus total billings.

2. What were gross patient charges: Net patient collections:

    a) Last fiscal year?   a.

    b) Immediate previous year?   b.

    c) This fiscal year to date?   c.

    d) Last month?   d.

    e) Other income   e.
        (i.e. General Revenue funds)?
        If subsidies are involved, describe.

3. What is the <u>average</u> charge per patient?

		Base Rate	Mileage Charge
a.	**BLS Non-Emergency**	$_____	$_____
b.	**BLS Emergency**	$_____	$_____
c.	**ALS Non-Emergency**	$_____	$_____
d.	**ALS-1 Emergency**	$_____	$_____
e.	**ALS-2**	$_____	$_____
f.	**Specialty Care Transports**	$_____	$_____

4. Patient mix:

   a) Self pay _____%

   b) Insurance _____%

   c) Medicare _____%

   d) Medicaid _____%

   e) Other indigent _____%

   f) Average amount paid per trip - insurance? $_____

   g) Average amount paid per trip - Medicare? $_____

   h) Average amount paid per trip - Medicaid? $_____

5. What is the service's collection rate?

   a) For the last three months?

   b) Last fiscal year?

   c) How is the collection rate calculated? Describe in detail.

6. Is the collection rate available by: (If available, provide examples)

   a) Major insurers?

   b) By geographic area / district?

   c) By hospital of origin (transfers and discharges)?

7. What are the accounts receivable aging and value? (Please provide reports)

8. What are the service's days in accounts receivable? (Average daily charges divided into the total accounts receivable)

9. What is the service's estimate of contractual allowances for:

    a) Medicare?

    b) Medicaid?

10. Complete the following tables for each of the last three years:

2009

Month	Total Charges	Allowances & Adjustments	Cash Collections
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

2010

Month	Total Charges	Allowances & Adjustments	Cash Collections
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

2011 (Year to date)

Month	Total Charges	Allowances & Adjustments	Cash Collections
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

11. Has the service undergone a Medicare or Medicaid audit in the last five years? If so, when and what were the results?

12. Are billing activities automated? If yes, what type hardware and software? Provide a list or samples of all significant operational and accounting reports that are available with this system.

13. Describe (in days) the current billing and collection procedures. If a written description exists, attach, if not diagram.

14. Identify the number of full time employees dedicated to billing and briefly describe responsibilities.

15. Does the service use in-house collection activities? (i.e. letters, phone, other)

16. Does the service use an outside collection agency? If yes, of those accounts turned, what percentage is collected? If no, why not?

17. How are billing complaints handled?

18. What are current fees/charges for service? To whom is the invoice sent? (Attach a list including base rates and add-ons.)

19. Enclose a copy of the service's Medicare rate allowable rates for each level of service and mileage.

20. Has the organization developed a compliance program? Describe

21. Does the organization have a written billing and collection procedure manual?

22. Average mileage for transports (total miles charged divided by total number of transports).

Customer Service, Accountability, & Education

1. How does a customer initiate a customer complaint? Please describe the process for managing customer complaints.

2. Does the service measure patient satisfaction? Please provide a recent report.

3. Is system performance data reported externally for public access? Please describe.

4. Describe any public education and intervention programs offered by the service? What at risk populations are targeted?

5. Are there defined goals and measures of success? Please describe.

6. Does the community have a public assess defibrillation program? Please describe

IDR attachment 1

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Ambulance deployment worksheet

Attachment 1
Ambulance Deployment Worksheet

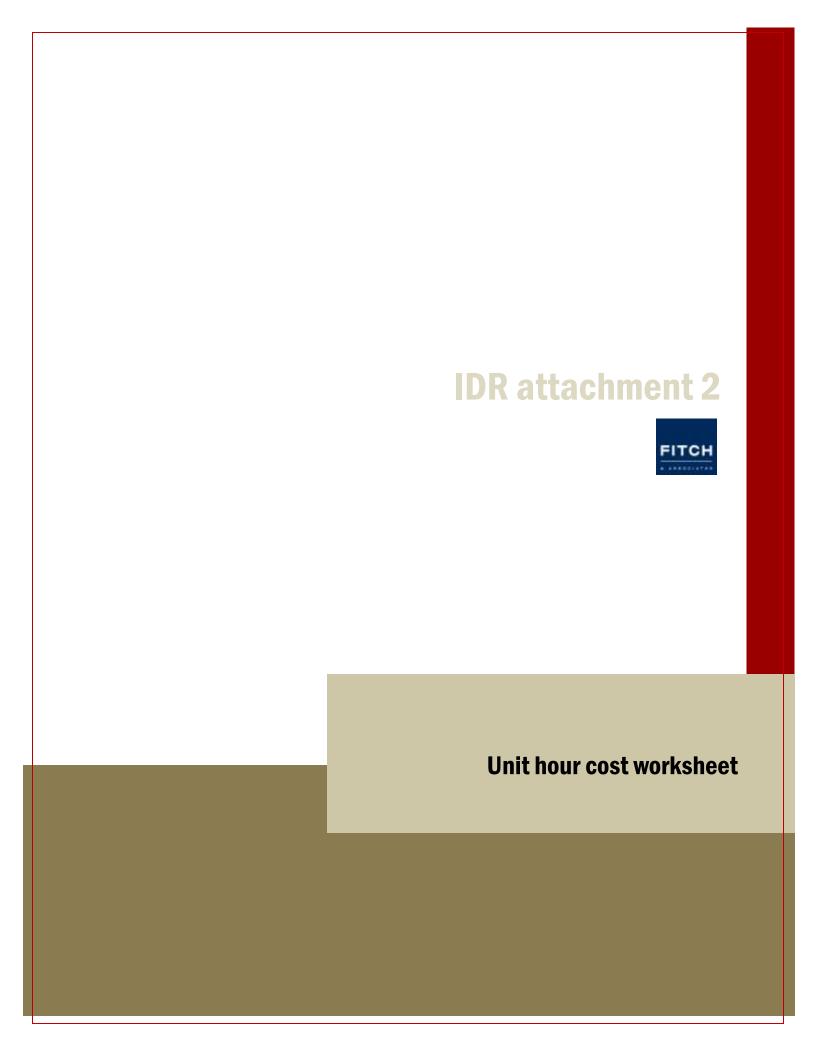Place the number of on-duty ambulances in the appropriate column for each hour of the day indicated.

Ambulance

	00:00-01:00	01:00-02:00	02:00-03:00	03:00-04:00	04:00-05:00	05:00-06:00	06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-00:00
Monday																								
Tuesday																								
Wednesday																								
Thursday																								
Friday																								
Saturday																								
Sunday																								

Wheelchair

	00:00-01:00	01:00-02:00	02:00-03:00	03:00-04:00	04:00-05:00	05:00-06:00	06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-00:00
Monday																								
Tuesday																								
Wednesday																								
Thursday																								
Friday																								
Saturday																								
Sunday																								

IDR attachment 2

Unit hour cost worksheet

Attachment 2
UNIT HOUR COST WORKSHEET

The following steps will enable you to calculate the number of unit hours your service provides each week. It will also calculate the productivity (transports per unit hour). The cost of providing a single unit-hour is also determined as the final step. Use the same one-month period for performing all of the calculations below.

1. Calculate the number of hours all ambulances are staffed and on duty for each week. (For example one ambulance on duty 24 hrs. a day, seven days a week will equate to 168 unit hours. 24 hrs. X 7 days = 168 unit hours. An ambulance staffed 8 hours, 5 days per week would provide 40 unit hours. 8 hrs. X 5 days = 40 unit hours.) Total all ambulance hours provided by your service.

   Total unit hours for one week = (A) _____ unit hours.

2. Determine the average number of transports per week. Take the average number of transports (not requests) for the month and divide by the number of weeks (this will not be an even number--for example a month with 31 days will have 4 3/7 weeks).

   Average transports per week = (B) _____ transports per week.

3. To calculate the unit hour productivity, divide the number of transports per week (B) by the number of unit hours (A).
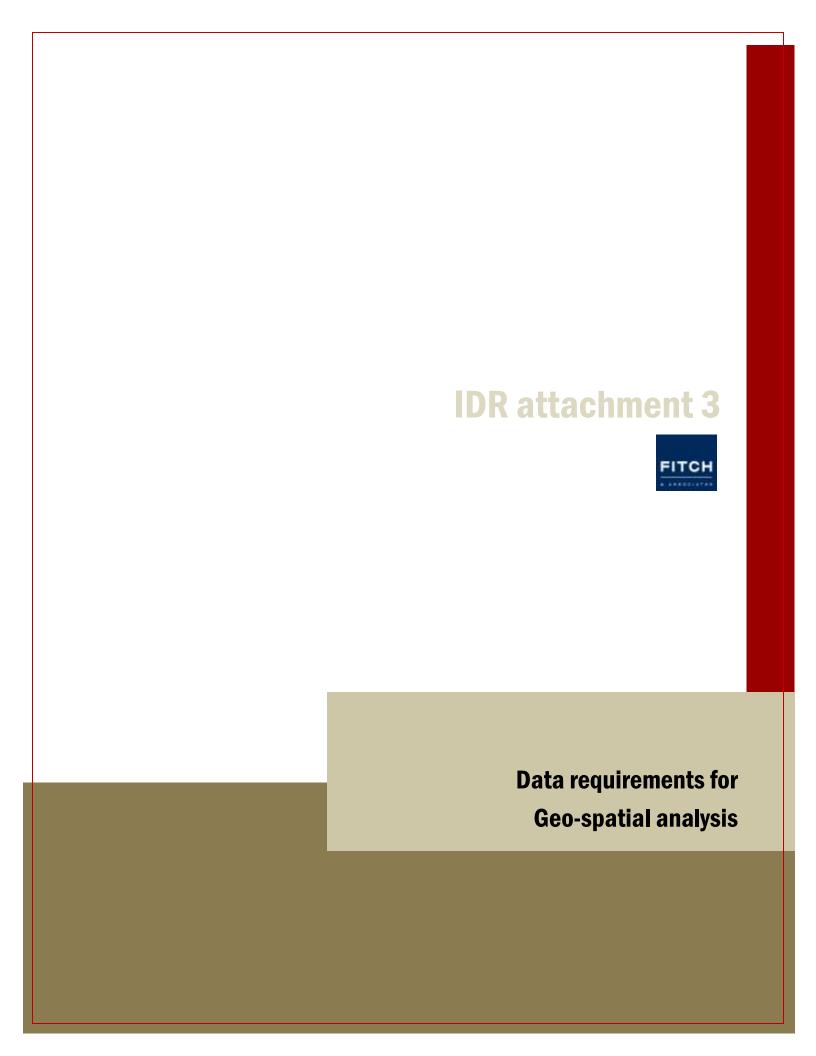
   Unit hour utilization = (B) ÷ (A) = _____ transports per unit-hour.

4. Determine the expenses per week, by dividing the total expenses for the month by the number of weeks. The number of weeks should be identical to the number in "2". (Total expenses for the month ÷ number of weeks.)

   Total expenses for a week = (C) $_____ per week.

5. This allows the calculation of the total service cost per unit hour. To determine this, divide the total expenses for one week by the number of unit hours per week. (Total expenses per week (C) ÷ (A) Total unit hours)

   Cost per unit hour = (C) ÷ (A) = $_____ per unit hour.

IDR attachment 3

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Data requirements for

Geo-spatial analysis

ATTACHMENT 3
DATA REQUIRMENTS FOR GEO-SPATIAL ANALYSIS

Customer to supply:

MINIMUM BASE GIS MAPPING DATA FOR THE REGION SERVED to be provided in ESRI shape file (.shp) format. Local state-plane format compatible with incident data is preferred.

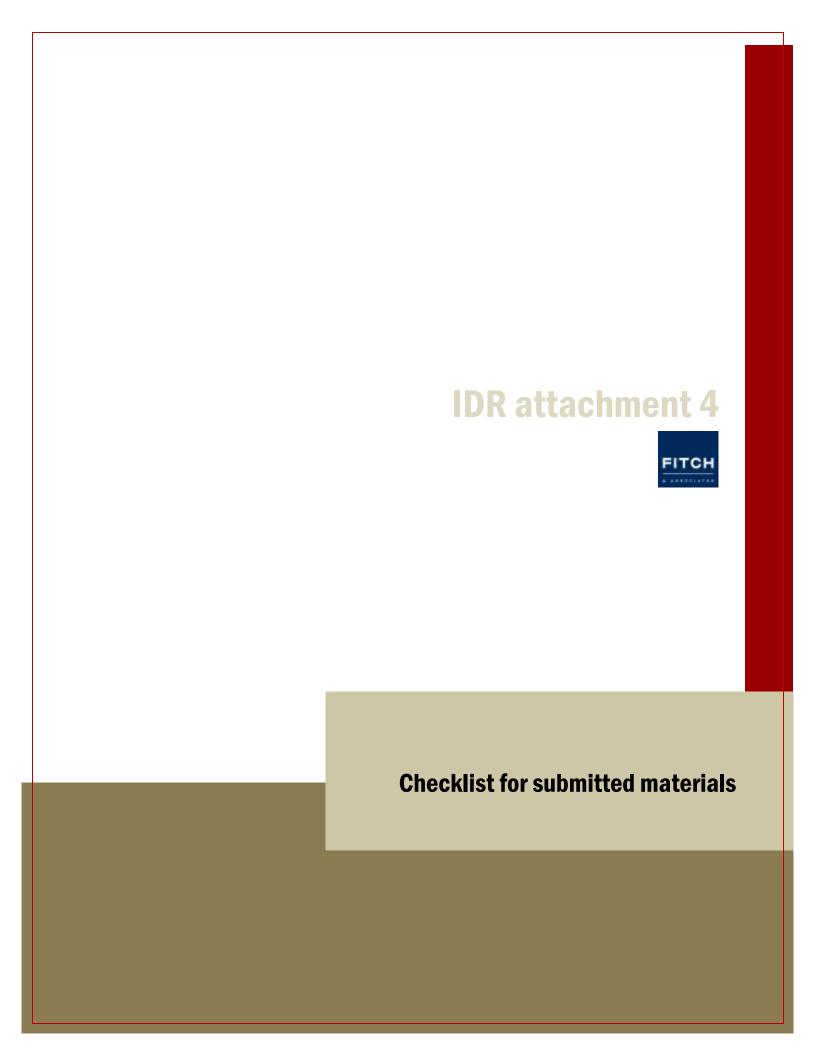|	

• City and county corporate limits (polygon files)
• Street centerline file – must be geo-codable and routable
  ▪ Essential geo-coding data for each line segment (network files)
    ○ Left and right to-from addresses
    ○ Impedance data (speed limit, f-cost or t-cost, segment length)
    ○ Street name (with separate prefixes and/or suffixes as used in the jurisdiction)
• EMS stations or posts (point file)
• Fire stations (point file)
• Law enforcement facilities (point file)
	• Hospitals (point files)
	• Critical facilities per location emergency management designation (nursing homes, etc.)
	• Schools (point file)
	• Other relevant point files
	• Waterways (polygon preferred, or line files)
	• Railroads
	• Other relevant line files
	• Fire hydrants (point files, for fire clients only)
	• Buildings > 2 stories in height (with occupancy use data) (fire clients only)
	• Assessor parcel file (polygon file) including occupancy use and type if available

MINIMUM INCIDENT DATA BASE for each dispatched incident in the jurisdiction. Minimum one year of data is desired; three years is best. Best received in MS Excel format with fields properly formatted (e.g., date as date field, time as a time field, etc.). Use of delimited text files or other formats increases processing time and may result in additional client cost.

EMS – for each unit responding to an incident:

• Incident date • Incident number (so that multiple unit responses can be identified) • x-y coordinates compatible with local GIS data (state plane, etc.). • Street address, jurisdiction, state, zip code • Incident type (EMS, fire, police) • Responding agency identifier (if multiple agencies responded) • Type of unit (ALS ambulance, BLS ambulance, QRV, fire unit (engine, ladder, rescue), PD unit • EMD categorization(s) or nature of EMS call (detailed, e.g., cardiac arrest, traffic crash, diabetic, etc.) • Emergency or non-emergency • Call source (911, private line, radio, CAD message, etc.) • Time call received	• Time unit dispatched • Time unit went en route to the incident • Time unit arrived at the scene • Time the crew arrived at the patient's side (if available) • Time unit en-route to the hospital (if a patient was transported) • Time unit arrived at the hospital (if a patient was transported) • Transport destination (if a patient was transported) • Number of patients transported by this unit (if a patient was transported) • Response disposition (cancelled en route, cancelled at scene, patient refused, patient transported, etc.) • Lights/siren used to the scene • Lights/siren used during transport • Time unit returned to service

IDR attachment 4

Checklist for submitted materials

Attachment 4
CHECKLIST FOR SUBMITTED MATERIALS

Question Number		Assigned Person	Complete
I.A.4.	Highway Map	_____	_____
I.C.1.	Accreditation Application or PIF	_____	_____
I.C.2.	Correspondence from Accrediting Body	_____	_____
I.B.1.	Local Ordinances and Regulations	_____	_____
I.B.1.	Copies of Licenses	_____	_____
II.A.2.	Report of Transport Data	_____	_____
II.B.4.	Response Time Reports	_____	_____
II.C.10	Case Review Protocol	_____	_____
II.C.19.	Description of Communications Equipment	_____	_____
II.D.3.	Field Personnel Work Schedule	_____	_____
II.D.8.	Deployment Plan	_____	_____
II.D.10.	Post Locations on Map	_____	_____
II.D.13.	Complete Attachment 1-Deployment Worksheet	_____	_____
II.D.14.	Complete Attachment 2-Unit Hour Cost Worksheet	_____	_____
II.D.17.	Mutual Aid Agreement	_____	_____
II.E.2.	Medical Director's Job Description/Contract	_____	_____
II.E.6.	ALS Protocols	_____	_____
II.E.7.	BLS Protocols	_____	_____
II.E.8.	Base Station Physician Protocols	_____	_____
II.E.11.	Completed Patient Care Report	_____	_____
II.E.13.	Quality Improvement Policies and Procedures	_____	_____
II.F.2.	List of Vehicles and Major Equipment.	_____	_____
II.G.4.	Procurement Procedures	_____	_____
III.A.1.	List of Employees	_____	_____
III.A.5	Labor Organization Agreement	_____	_____
III.B.12.	Sample Training Record	_____	_____
IV.A.1.	Formal Organizational Chart	_____	_____
IV.A.1.	Informal Organizational Chart	_____	_____
V.A.3.a.	Financial Statements for Last Two Years	_____	_____

V.A.3.b.	Recent Financial Reports	_____	_____
V.A.3.c.	Chart of Accounts	_____	_____
V.A.4.	Annual Budget	_____	_____
V.A.9	Subscription/Membership Program details	_____	_____
V.B.6.a.	Collection Rate Reports for Major Insurers	_____	_____
V.B.6.b.	Collection Rate Reports for Area/District	_____	_____
V.B.6.c.	Collection Rate Reports for Hospital of Origin	_____	_____
V.B.7.	Aged Accounts Receivable Report	_____	_____
V.B.12.	Billing and Collection Reports	_____	_____
V.B.13.	Billing & Collection Procedures (Diagram)	_____	_____
V.B.18.	List of Charges	_____	_____
V.B.19.	Copy of Medicare Charge Screen	_____	_____
VI.2	Patient Satisfaction Report	_____	